

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39854

STATE FILE NUMBER

FILED NOV 25 1957

Registration District No.

116

Primary Registration District No.

3020

Registrar's No.

5

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>GASCONADE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>WASHINGTON</b>		c. CITY OR TOWN <b>HERMANN</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL <b>ST. FRANCIS HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>131 W. 2ND ST</b>	
3. NAME OF DECEASED (Type or print) First <b>Edward</b> Middle <b>STREHLY</b> Last <b>STREHLY</b>		4. DATE OF DEATH Month <b>Nov.</b> Day <b>16</b> Year <b>1957</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JUNE 2-1872</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STONE CUTTER</b>		11. BIRTHPLACE (City and state or country) <b>HERMANN MO</b>	
13a. FATHER'S NAME <b>OTTO STREHLY</b>		14. NAME OF HUSBAND OR WIFE <b>HERMANN MO</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		17. INFORMANT <b>F.W. LAUER</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>BILATERAL BRONCHOPNEUMONIA.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>491X</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>GEN. ARTERIO SCLEROSIS. ARTERIAL HYPERTENSION</b>		19. WAS AUTOPSY PERFORMED? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>9-22-57</b> to <b>11-16-57</b> and last saw <b>him</b> alive on <b>11-16-57</b> Death occurred at <b>10:00 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Carvel T. Spang</b>		22b. ADDRESS <b>Hermann Mo</b>	
22c. DATE SIGNED <b>11-18-57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>11/19/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>HERMANN CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>HERMANN MO</b>
24. FUNERAL DIRECTOR <b>HUGO H. BLUMER</b>		25. DATE RECD. BY LOCAL REG. <b>11/19/57</b>	
26. REGISTRAR'S SIGNATURE <b>W.E. Hudmann</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

99-0

DEC 6 1957

MAR 12 1958

JAN 6 1958

FEB 5 1958

JAN 23 1959

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ROGER W. BLUMER, Student Embalmer No. 553 working under my personal supervision.

Student

Roger W. Blumer  
Signature of Student Embalmer

Signed

Hugh H. Quener

Licensed Embalmer No.

3160

P. O. Address

Hammond 1 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.